

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF PUERTO RICO

RECEIVED  
U.S. DISTRICT COURT  
SAN JUAN, PUERTO RICO

2005 APR 13 P 4:09

ANGEL DAVID MORALES  
VALLELLANES,  
Plaintiff,

v.

JOHN POTTER, UNITED STATES  
POSTMASTER GENERAL, ET. ALS.,  
Defendants.

CIVIL NO. 97-2459 (JAG)

DAMAGES BASED ON  
RETALIATION AND  
DISCRIMINATION; PROHIBITED  
PERSONNEL PRACTICES;  
UNFAIR LABOR PRACTICES;  
BREACH OF COLLECTIVE  
BARGAINING AGREEMENT

TRIAL BY JURY IS HEREBY  
REQUESTED

ANSWER TO PRODUCTION OF DOCUMENTS

1. Statement are already been provided.
2. All documents are already been provided.
3. Already provided.
4. Already provided, but the psychiatrist has not prepared any report.
5. Provided
6. Provided
7. Provided
8. Provided
9. Provided
10. a) The state and federal income tax returns of plaintiff were provided before;  
tax returns of plaintiff were provided;
- b) Plaintiff has not filed his tax returns since 1997 because his income is

C. K. Levine, Esq. USPS

from OWCP.

- c) Please find herewith a Benifit Statement from OWCP, Said benefit has been more or less the same since plaintiff began his compensation.

S/MIGUEL E. MIRANDA-GUTIERREZ  
MIGUEL E. MIRANDA-GUTIERREZ, ESQ.  
ATTORNEY FOR PLAINTIFF  
PMB 132, 255 AVE. PONCE DE LEON,  
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TEL: (787) 282-0022  
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By: 

Miguel E. Miranda Gutiérrez  
USDC 203110

**United States Department of Labor**  
Division of Federal Employees' Compensation

**BENEFIT STATEMENT**



ANGEL D MORALES  
BETANIA 28 ST URB MUNOZ RIVERA  
GUAYNABO PR 00969

US DEPT OF LABOR, OWCP  
PO BOX 8300 - DISTRICT 2  
LONDON, KY 40742-8300

Case Number:	02-0726438	Gross Compensation:	2,109.00
Social Security Number:	583-23-1827	Less Deductions:	71.98
Date of Injury:	96/08/21	Intermittent Hours Lost:	.00
Pay Type:	1	Overpayments:	.00
Check Date:	05/02/19	Other Payees:	.00
Period Paid:	05/01/23 To: 05/02/19	Net Check Amount:	2,036.74
Pay Rate:	685.12	Agency Health Insurance Cost:	177.86
Comp Rate:	.6666	Health Insurance Code:	891
Life Insurance	12.70	From: 05/01/23 To: 05/02/19	

**NOTICE TO RECIPIENTS**

**METHOD OF PAYMENT** If you are receiving payment by electronic fund transfer (EFT), the payment shown above has already been made to your financial institution. Otherwise, the check is enclosed.

**ADDRESS CHANGE** If you move or otherwise change your mailing address or your check mailing address (such as a bank or credit union), advise OWCP right away in writing of the new address.

**CORRESPONDENCE** Include your OWCP file number on all letters you send to OWCP.

**DEPENDENTS** For recipients of payments for disability or schedule award (pay type 1 or 9, as shown above): If you have one or more dependents, you are entitled to compensation at the augmented rate of 75%, rather than 66 2/3 percent, of your pay rate. (Questions as to who qualifies as a dependent should be directed to the OWCP District Office handling your claim.) Events such as birth, death, marriage, divorce, separation, or youngest child reaching age 18 may affect your compensation and should be reported to OWCP right away.

**EMPLOYMENT** For recipients of payments for disability (pay type 1, as shown above): To avoid an overpayment of compensation, advise OWCP right away when you return to full-time or part-time work with either a government or private employer (including self-employment.) Return to OWCP any compensation checks received after you go back to work. State the full name and address of your employer; the date employment began; the rate of pay and number of hours worked per week; and a description of the employment.

**SURVIVORS** For recipients of payments for death benefits (pay type 7, as shown above): If it has not already done so, OWCP will advise you in detail of each survivor for whom death benefits are payable, and the percentage of salary payable for each. (Questions as to who qualifies as a survivor should be directed to the OWCP District Office handling your claim.) Events such as birth of a posthumous child, death, remarriage, or youngest child reaching age 18 may affect your compensation and should be reported to OWCP right away.



TRIPLE-S, INC.  
 INFORME DE UTILIZACION POR CONTRATO  
 RECLAMACIONES PAGADAS DURANTE : 01/2005 - 03/2005  
 GRUPO : 04800-001 NOMBRE DEL GRUPO : US DEPARTMENT OF L  
 NUMERO DE CONTRATO : 583-23-1827-07

PAGINA 3  
 HR2R5150  
 04/01/2005

MORALES ANGEL D.  
 URB MUNOZ RIVERA  
 28 CALLE BETANIA  
 GUAYNABO PR 00969-3533

NOMBRE DEL ASEGURADO	FECHA DE SERVICIO	TIPO DE SERVICIO	DESCRIPCION DEL SERVICIO	PROVEEDOR DEL SERVICIO	POR USTED*	P A G A D O POR SU PLAN	TOTAL
MORALES ANGEL D.	10282004	CIRUGIA	SERVICIO MEDICO	CUEBAS RAMOS, LU	.00	20.00	20.00
	11012004	SERV MEDI	SERVICIO MEDICO	HOYOS PRECSSLAS,	10.00	40.00	50.00
	12012004	LABORATOR	CULTURE, BACTERIAL; AN	LAB CLINICO MUQO	5.25	15.75	21.00
	12022004	SERV MEDI	VISITA INICIAL EN OFIC	DUENO BERRIOS, M	.00	24.00	24.00
	12022004	SERV MEDI	SERVICIO MEDICO	DUENO BERRIOS, M	.00	19.00	19.00
	12032004	SERV MEDI	SERVICIO MEDICO	DUENO BERRIOS, M	.00	28.00	28.00
	12062004	SERV MEDI	VISITA INICIAL EN OFIC	HERRERA BATISTA,	.00	24.00	24.00
	12062004	SERV MEDI	SERVICIO MEDICO	HERRERA BATISTA,	.00	28.00	28.00
	12062004	SERV MEDI	SERVICIO MEDICO	HOYOS PRECSSLAS,	10.00	40.00	50.00
	12082004	SERV MEDI	SERVICIO MEDICO	HERRERA BATISTA,	.00	28.00	28.00
	12102004	SERV MEDI	SERVICIO MEDICO	HERRERA BATISTA,	.00	28.00	28.00
	12132004	SERV MEDI	SERVICIO MEDICO	HERRERA BATISTA,	.00	28.00	28.00
	12152004	SERV MEDI	SERVICIO MEDICO	HERRERA BATISTA,	.00	28.00	28.00
	12172004	SERV MEDI	SERVICIO MEDICO	HERRERA BATISTA,	.00	28.00	28.00
	12202004	SERV MEDI	VISITA INICIAL EN OFIC	CANALS MORALES,	10.00	22.00	32.00
	12202004	CIRUGIA	DRENAJE E INYECCION AR	CANALS MORALES,	.00	38.00	38.00
	12202004	SERV MEDI	SERVICIO MEDICO	HERRERA BATISTA,	.00	28.00	28.00
	12222004	SERV MEDI	SERVICIO MEDICO	HERRERA BATISTA,	.00	28.00	28.00
	12282004	FARMACIA	PREVACID 15MG D	FARMACIA IVETTE	8.00	130.99	138.99
	01032005	SERV MEDI	SERVICIO MEDICO	DUENO BERRIOS, M	.00	28.00	28.00
	01102005	SERV MEDI	SERVICIO MEDICO	HOYOS PRECSSLAS,	10.00	40.00	50.00
	01132005	FARMACIA	FLUOXETINE CAP 20M	FARMACIA IVETTE	5.00	4.74	9.74
	01132005	FARMACIA	FLONASE 0.05%	FARMACIA IVETTE	8.00	63.75	71.75
	01132005	FARMACIA	AMBIEN TAB 10M	FARMACIA IVETTE	17.75	71.00	88.75
	01272005	LABORATOR	CULTURE, BACTERIAL; AN	LAB CLINICO MUQO	5.25	15.75	21.00
	01312005	FARMACIA	PREVACID 15MG D	FARMACIA IVETTE	8.00	130.99	138.99
	02012005	FARMACIA	QVAR AER 80M	FARMACIA IVETTE	8.00	66.69	74.69
	02032005	SERV MEDI	VISITA SUBS OFICINA PT	CUEBAS RAMOS, LU	10.00	12.00	22.00
	02112005	SERV MEDI	VISITA SUBS OFICINA PT	CARLO GARCIA, AN	10.00	12.00	22.00
	02112005	FARMACIA	SERVICIO FARMACIA	FARMACIA IVETTE	12.00	60.91	72.91
	02112005	FARMACIA	DESPEC SR TAB	FARMACIA IVETTE	16.70	66.82	83.52
	02112005	FARMACIA	FLONASE 0.05%	FARMACIA IVETTE	8.00	63.75	71.75
	02162005	FARMACIA	SERVICIO FARMACIA	FARMACIA IVETTE	12.00	129.07	141.07
	03012005	FARMACIA	SERVICIO FARMACIA	FARMACIA IVETTE	185.19	5.81	191.00
	03012005	FARMACIA	SERVICIO FARMACIA	FARMACIA IVETTE	185.19-	5.81-	191.00-
	03012005	FARMACIA	PREVACID 15MG D	FARMACIA IVETTE	8.00	130.99	138.99

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	03022005	FARMACIA	SERVICIO FARMACIA	FARMACIA IVETTE	5.00	4.97	9.97
	03022005	FARMACIA	FLUOXETINE CAP 20H	FARMACIA IVETTE	5.00	4.74	9.74
	03022005	FARMACIA	CLONAZEPAM 1MG	FARMACIA IVETTE	5.00	1.04	6.04
	03022005	FARMACIA	AMBIEN TAB 10M	FARMACIA IVETTE	12.03	48.13	60.16
	03102005	SERV MEDI	VISITA SUBS OFICINA PT	SILBER BENDER, A	7.50	9.50	17.00
	03152005	FARMACIA	SERVICIO FARMACIA	FARMACIA IVETTE	5.00	106.67	111.67
	03152005	FARMACIA	ZYRTEC-D TAB 5-1	FARMACIA IVETTE	8.00	27.26	35.26
			SUB-TOTAL		229.48	1,724.51	1,953.99
			TOTAL		229.48	1,724.51	1,953.99

\* DEDUCIBLES O COASEGUROS QUE USTED DEBIO PAGAR AL RECIBIR EL SERVICIO